

APA-1

TRANSMITTAL SHEET FOR
NOTICE OF INTENDED ACTION

Control No: 560 Department or Agency: Alabama Medicaid Agency

Rule No: 560-X-17-.09 (1)-(2)

Rule Title: Copayment (Cost-Sharing)
_____ New Rule; X Amend; _____ Repeal; _____ Adoption by Reference

Would the absence of the proposed rule significantly harm or endanger the public health, welfare, or safety? _____ no

Is there a reasonable relationship between the state's police power and the protection of the public health, safety, or welfare? _____ yes

Is there another, less restrictive method of regulation available that could adequately protect the public? _____ no

Does the proposed rule have the effect of directly or indirectly increasing the costs of any goods or services involved and, if so, to what degree? _____ no

Is the increase in cost, if any, more harmful to the public than the harm that might result from the absence of the proposed rule? _____ no

Are all facets of the rulemaking process designed solely for the purpose of, and so they have, as their primary effect, the protection of the public? _____ yes

Does the proposed rule have any economic impact? _____ no

If the proposed rule has an economic impact, the proposed rule is required to be accompanied by a fiscal note prepared in accordance with subsection (f) of Section 41-22-23, Code of Alabama 1975.

Certification of Authorized Official

I certify that the attached proposed rule has been proposed in full compliance with the requirements of Chapter 22, Title 41, Code of Alabama 1975 and that it conforms to all applicable filing requirements of the Administrative Procedure Division of the Legislative Reference Service.

Signature of certifying officer: *Stephanie De*

Date: 11-17-11

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ALABAMA MEDICAID AGENCY

NOTICE OF INTENDED ACTION

RULE NO. & TITLE: 560-X-17-.09 Copayment (Cost Sharing)

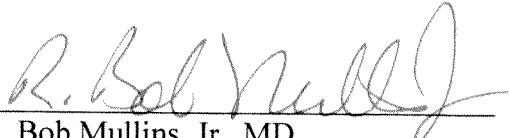
INTENDED ACTION: Amend 560-X-17-.09 (1), (2)

SUBSTANCE OF PROPOSED ACTION: The above referenced rule is being amended to specify that the copayment requirement applies to Medicare patients and to provide a cross-reference for this requirement.

TIME, PLACE, MANNER OF PRESENTING VIEWS: Written or oral comments may be submitted to the Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624, 334-242-5833. Agency business hours are 8:00 a.m. to 5:00 p.m. Monday through Friday.

FINAL DATE FOR COMMENT AND COMPLETION OF NOTICE: Written/Oral comments concerning this change must be received by the Alabama Medicaid Agency no later than January 4, 2012.

CONTACT PERSON AT AGENCY: Stephanie McGee Azar, Administrative Secretary, Alabama Medicaid Agency, 501 Dexter Avenue, Post Office Box 5624, Montgomery, Alabama 36103-5624.



R. Bob Mullins, Jr., MD
Commissioner

Rule No. 560-X-17-.09. Copayment (Cost-Sharing).

(1) Ophthalmologists and optometrists are required to collect and it is the Medicaid recipient's responsibility to pay the ~~maximum~~ designated copayment amount for each service rendered. This requirement includes patients with Medicare.

(2) Exceptions to ~~the~~ copayment requirement are listed in Rule No. 560-X-1-.25. Rule 560-X-1-?amount does not apply to services provided for the following:

- ~~_____~~ (a) ~~Recipients under 18 years of age~~
- ~~_____~~ (b) ~~Emergencies~~
- ~~_____~~ (c) ~~Pregnancy~~
- ~~_____~~ (d) ~~Nursing home residents~~
- ~~_____~~ (e) ~~Family Planning~~

(3) A provider may not deny services to any eligible individual on account of the individual's inability to pay the copayment amount.

~~Authority: State Plan, Attachment 4.18-A; 42 C.F.R. Sections 447.15, 447.50, and 447.55. Rule effective June 8, 1985. **Author:** Jacquelyn King, Program Manager; Medical Support~~

~~**Statutory Authority:** State Plan; Title XIX, Social Security Act; 42 C.F.R. Sections 447.15, and 447.50~~

~~**History:** Rule effective June 8, 1985.~~

~~Amended: Filed XXXxXXXX; effective XXXXXXXXXXXX.~~